

<i>SERFF Tracking Number:</i>	<i>STAN-126120577</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>42200</i>
<i>Company Tracking Number:</i>	<i>GP399-STD/0309</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>GP399-STD/0309</i>		
<i>Project Name/Number:</i>	<i>GP399-STD/0309/GP399-STD/0309</i>		

## Filing at a Glance

Company: Standard Insurance Company

Product Name: GP399-STD/0309

TOI: H11G Group Health - Disability Income

Sub-TOI: H11G.002 Short Term

Filing Type: Form

SERFF Tr Num: STAN-126120577 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 42200

Co Tr Num: GP399-STD/0309

State Status: Approved-Closed

Co Status: Sent

Reviewer(s): Rosalind Minor

Authors: Alan Smith, Christina  
Hanson

Disposition Date: 05/14/2009

Date Submitted: 04/21/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GP399-STD/0309

Project Number: GP399-STD/0309

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/14/2009

Deemer Date:

Filing Description:

Standard Insurance Company is filing changes to our Group Short Term Disability Insurance product for review and approval.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Being filed  
simultaneously in Oregon, our state of domicile.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,  
Trust, Other

Explanation for Other Group Market Type:  
Union

State Status Changed: 05/14/2009

Corresponding Filing Tracking Number: GP399-  
STD/0309

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Standard's Group STD product is filed under Group Policy Form GP399-STD and Group Certificate Form GC399-STD, both of which were approved for use in your state effective 11/23/1998.

Enclosed are copies of Group Policy Amendment Form GP399-STD/0309, along with the corresponding Group Certificate Attachment Form GC399-STD/0309. These forms offer the policyholder optional provisions to choose in selecting a plan design that best meets their needs. This filing includes optional language allowing a portion of the insured's STD Benefits to be diverted to policyholders for administrative ease in continuing items such as previously elected employee benefit programs and prior payroll deductions. In addition, the Own Occupation definition offers the policyholder new optional language to select with respect to the 'Own Specialty' definition of Disability for medical and legal professionals. Lastly, we have included an additional late fee option for overdue premium payments.

The specific benefit design of each group policy is negotiated and agreed upon by Standard Insurance Company and the Policyholder at the time of policy issue, and the appropriate filed language is then automatically included in the body of the policy and certificate. While the attached forms are submitted on 8 ½ by 11 pages, we may also print the same text in a booklet format (5 ½ by 8 ½ pages) or on electronic media (e.g. CD-ROM, Internet) if requested by a Policyholder. Also, if so requested, we may issue certificates in a foreign language, based upon a direct translation of the filed wording.

There is no deviation from generally accepted insurance practices.

This group insurance product is, and will continue to be, marketed through normal insurance channels (insurance brokers and representatives) to groups traditionally eligible for group insurance. The majority of group policies will be issued to employers to cover their employees.

The attached forms meet and exceed the requirements of the Arkansas Life and Disability Insurance Policy Language Simplification Act, when included within the base policy and certificate.

The \$40.00 filing fee is paid by EFT; a Certification of Readability is also enclosed.

Please feel free to contact us with any questions you may have, or if you need anything further with respect to this filing.

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## Company and Contact

### Filing Contact Information

Christina Hanson, Compliance Analyst	chanson@standard.com
900 SW Fifth Ave	(971) 321-8764 [Phone]
Portland, OR 97204	(971) 321-8369[FAX]

### Filing Company Information

Standard Insurance Company	CoCode: 69019	State of Domicile: Oregon
1100 SW 6th Avenue	Group Code: 1348	Company Type: Life Insurance
Portland, OR 97204	Group Name: SIC	State ID Number:
(971) 321-6823 ext. [Phone]	FEIN Number: 93-0242990	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	Arkansas charges \$20.00 per form filed separately. We are filing two separate forms: a policy amendment and a certificate attachment.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$40.00	04/21/2009	27317135

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	05/14/2009	05/14/2009

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## **Disposition**

Disposition Date: 05/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Policy Amendment	Approved-Closed	Yes
<b>Form</b>	Certificate Attachment	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** GP399-STD/0309

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GP399-STD/0309	Policy/Cont Policy Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48	STD Generic 0309 Pol Amend.pdf
Approved-Closed	GC399-STD/0309	Certificate Certificate Amendmen Attachment t, Insert Page, Endorseme nt or Rider	Initial		48	STD Generic 0309 Cert Attach.pdf

## AMENDMENT TO GROUP SHORT TERM DISABILITY INSURANCE POLICY FORM

Attached to and made a part of Group Policy Form GP399-STD

Group Policy Form GP399-STD is amended to include optional and variable language in the provisions shown below for those policyholders that negotiate each item's inclusion. Brackets ( [ ] ) indicate that the language or provision is optional. Braces ( < > ) indicate the language or provision is variable.

1. The *Schedule Of Insurance* portion of the **Coverage Features** is amended by the addition of the following optional language:

We will reduce the STD Benefit paid to you by an amount [the <Employer **-or-** Policyholder> informs us is] equal to your [<weekly>] [premium] contributions for the <group medical and group life insurance> [for which you enrolled <during your Employer's most recent benefits enrollment period.>] This amount of the STD Benefit will be paid to the <Employer **-or-** Policyholder>. [The amount directed to the <Employer **-or-** Policyholder> may be reduced in the future based on a request from [you] [or] [the <Employer **-or-** Policyholder>].] [In no event will this reduction be made if it would cause the amount of the STD Benefit paid to you to fall below <the Minimum STD Benefit amount **-or-** <\$10-\$5,000>>].] We reserve the right to cease directing part of the STD Benefit to the <Employer **-or-** Policyholder> at any time. Please notify us if you do not wish the STD Benefit to be reduced by this amount. [The <Employer **-or-** Policyholder> shall be responsible for remitting your [premium] contributions for your <group medical and group life insurance> to the appropriate party.]

2. That portion of the *Time Of Payment* item of the **Claims** provision shown below is amended by the addition of the following shaded optional language:

STD Benefits [reduced by an amount paid to the <Employer **-or-** Policyholder> as described in the **Coverage Features**] will be paid to you at the end of each <week> you qualify for them. [The remaining amount of STD Benefits will be paid to the <Employer **-or-** Policyholder>.] STD Benefits remaining unpaid at your death will be paid to your estate.

3. That portion of the *Grace Period and Termination For Nonpayment* item of the **Policyholder [and Employer] Provisions** is amended by the addition of the following shaded optional language:

The Policyholder <is/and Employer are> liable for premium for insurance under the Group Policy during the Grace Period. [We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.] [We may charge a late fee each month if premium is not paid on or before its Premium Due Date. The late fee will be equal to <<1-6>% of the premium which is overdue **-or-** a flat fee amount of \$<1-10,000>>].] [In no event will the late fee amount exceed \$<10,000>.]

4. That portion of the definition of Own Occupation is amended by the addition of the following shaded optional language that reads as follows:

[However, if your Own Occupation is <medical doctor>, [during the Benefit Waiting Period and [the first <12-24> months] <of the Maximum Benefit Period -or- while STD Benefits are payable,>] we will consider your Own Occupation to be the [<1-5>] <medical> <specialties - or- general or sub-specialties> in which you are board certified to practice, [for which there is a specialty or sub-specialty recognized by the <American Board of Medical Specialties>], provided you have earned at least <50-70>% of your gross professional service fee income in your specialty [or sub-specialty] during the <24-48> months immediately before you become Disabled. [If the sub-specialty in which you are practicing is not recognized by the <American Board of Medical Specialties>, you will be considered practicing in the general specialty category.] [If your Own Occupation is the one <medical> specialty in which you are board certified to practice or if the sub-specialty in which you practice is considered a general specialty because it is not board certified, you will no longer be Disabled when your Work Earnings from another occupation exceed 100% of your Indexed Predisability Earnings.]]

[However, if your Own Occupation is attorney at law and you have practiced law for at least <3-7> years, [during the Benefit Waiting Period and [the first <12-60> months] <of the Maximum Benefit Period -or- while STD Benefits are payable,>] we will consider your Own Occupation to be the [<1-5>] legal subject matter area or type of legal practice in which you specialize, provided you have earned at least <50-70>% of your gross professional service fee income in that area or type of practice during the <24-48> months immediately before you become Disabled. [If your Own Occupation is your own specialty of legal practice, you will no longer be Disabled when your Work Earnings from another occupation exceed 100% of your Indexed Predisability Earnings.]]

STANDARD INSURANCE COMPANY

By

  
President

  
Corporate Secretary

## ATTACHMENT TO GROUP SHORT TERM DISABILITY INSURANCE CERTIFICATE FORM

Attached to and made a part of Group Certificate Form GC399-STD

Group Policy Form GC399-STD is amended to include optional and variable language in the provisions shown below for those policyholders that negotiate each item's inclusion. Brackets ( [ ] ) indicate that the language or provision is optional. Braces ( < > ) indicate the language or provision is variable.

1. The *Schedule Of Insurance* portion of the **Coverage Features** is amended by the addition of the following optional language:

We will reduce the STD Benefit paid to you by an amount [the <Employer **-or-** Policyholder> informs us is] equal to your [<weekly>] [premium] contributions for the <group medical and group life insurance> [for which you enrolled <during your Employer's most recent benefits enrollment period.>] This amount of the STD Benefit will be paid to the <Employer **-or-** Policyholder>. [The amount directed to the <Employer **-or-** Policyholder> may be reduced in the future based on a request from [you] [or] [the <Employer **-or-** Policyholder>].] [In no event will this reduction be made if it would cause the amount of the STD Benefit paid to you to fall below <the Minimum STD Benefit amount **-or-** <\$10-\$5,000>>].] We reserve the right to cease directing part of the STD Benefit to the <Employer **-or-** Policyholder> at any time. Please notify us if you do not wish the STD Benefit to be reduced by this amount. [The <Employer **-or-** Policyholder> shall be responsible for remitting your [premium] contributions for your <group medical and group life insurance> to the appropriate party.]

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[However, if your Own Occupation is attorney at law and you have practiced law for at least <3-7> years, [during the Benefit Waiting Period and [the first <12-60> months] <of the Maximum Benefit Period -or- while STD Benefits are payable,>] we will consider your Own Occupation to be the [<1-5>] legal subject matter area or type of legal practice in which you specialize, provided you have earned at least <50-70>% of your gross professional service fee income in that area or type of practice during the <24-48> months immediately before you become Disabled. [If your Own Occupation is your own specialty of legal practice, you will no longer be Disabled when your Work Earnings from another occupation exceed 100% of your Indexed Predisability Earnings.]]

STANDARD INSURANCE COMPANY

by

  
President

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Comments:</b>				
<b>Attachment:</b>				
STD_0309_RC_AR.pdf				

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Bypass Reason:</b>	We are filing an amendment to a policy that has been approved. Please read the Filing Description.			
<b>Comments:</b>				

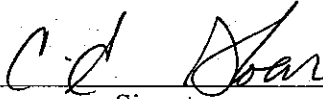
## CERTIFICATION OF READABILITY

State of Arkansas

Form	Flesch
Number	Readability
	Score
GP399-STD/0309	47.8
GC399-STD/0309	47.8

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas.

Standard Insurance Company



Signature

C. Elizabeth Sloan

Name

Second Vice President and Associate Counsel, ISG Legal

Title

APR 20 2009

Date